

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

Power REO Management Services, Inc.

SCC ID NO: **F1756644**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4600 REGENT BOULEVARD SUITE 200

CITY/ST/ZIP: IRVING, TX 75063-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JANE M LARKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4600 REGENT BOULEVARD SUITE 200		
CITY/ST/ZIP/CO:	IRVING, TX 75063-		
NAME:	ROBERT L LOVE, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/VP/AS. SEC		
ADDRESS:	1525 S. BELTLINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		
NAME:	AIMEE CARACENA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4600 REGENT BOULEVARD SUITE 200		
CITY/ST/ZIP/CO:	IRVING, TX 75063-2443		
NAME:	SUSAN CHRISTY(ASSIST. VP)	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4600 REGENT BOULEVARD SUITE 200		
CITY/ST/ZIP/CO:	IRVING, TX 75063-2442		
NAME:	ELLEN S COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/TREAS		
ADDRESS:	1525 S. BELTLINE ROAD		
CITY/ST/ZIP/CO:	COPPELL, TX 75019-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA MCCORMICK VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2443	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANA TROTTER(ASSIST. VP) VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2443	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE WHITE (ASSIST. VP) VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2443	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JORDAN D DORCHUCK SECRETARY 1525 S. BELTLINE ROAD COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY J. DAY ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTEN THOMAS ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M APPLEGATE DIRECTOR 1525 S. BELTLINE ROAD COPPELL, TX 75019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S. ZEIDMAN(EVP/CFO/DIR) PRESIDENT 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KIMBERLY J. DAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIMBERLY J. DAY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/22/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			